

Iowa Department of Human Services

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

Request for Prior Authorization LIDOCAINE PATCH

(PLEASE PRINT – ACCURACY IS IMPORTANT)

	T	T = -
IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI Pharmacy fax NDC		
Prior authorization is required for topical lidocaine patches. Payment will be considered only for cases in which there is a diagnosis of pain associated with post-herpetic neuralgia. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.		
Preferred	Non-Preferred	
Lidocaine 5% Patch	Lidoderm	
Dosage Ins		Days Supply
		Days Supply
		Days Supply
	structions Quantity	Days Supply
Dosage Ins	structions Quantity	Days Supply
Dosage Ins	structions Quantity	
Diagnosis: Other relevant information:	structions Quantity	
Diagnosis: Other relevant information:	structions Quantity	
Dosage Ins Diagnosis: Other relevant information: Attach lab results and other documents.	umentation as necessary.	
Diagnosis: Other relevant information:	umentation as necessary.	

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.